

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mg</i>		9/8/10
O.I.P.E. CLASSIFIER		18	5/1/10
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>mg</i>	10303	10-19

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	12/2/2003
2	1/29/04
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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